

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER Timber Lake Topic		2. DATE 9/13/24
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) PO Box 10 Timber Lake SD 57656		3B. ANNUAL SUBSCRIPTION PRICE \$ 50 + \$55
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 10 Timber Lake SD 57656		
6. FULL NAME OF PUBLISHER: Jon Flatland		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME TLI Publishing / Jon Flatland COMPLETE MAILING ADDRESS PO Box 10 Timber Lake SD 57656		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) Western Dakota Bank		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1768	1768
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	122	122
2. Mail Subscription (Paid and or requested)	1055	1026
3. Paid Electronic Copies	318	318
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1495	1466
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	8	7
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1505	1475
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	217	249
2. Return from News Agents	46	44
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	1768	1768

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Publisher

(Title)

Sworn to before me this **13th** day of **Sept.**, 20**24**

Kathy Nelson
Notary Public

My commission expires:

Kathy Nelson
Notary Public, Dewey County, SD
My Commission Expires **March 31, 2029**

